

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00

P 27188340

Certification Number



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Steven Karr APR/02/2022
Local Registrar Date Issued

Type/print in
Permanent
Blank Ink

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 325437-2020

1. Decedent's Legal Name (First, Middle, Last, Suffix) Gerald Bailey		3. Sex Male	4. Social Security Number 207-34-4608	5. Date of Death (Month, Day, Year) March 18, 2020
6. Age at Death (Years, Months, Days) 78	7. Date of Birth (Month, Day, Year) April 17, 1942	8. Residence (City and State or Foreign Country) Philadelphia, Pennsylvania		
9. Residence (Street and Number - Include Apt. No.) 5431 Christian Street		10. Residence (Zip Code) 19143		
11. Was decedent ever in U.S. Armed Forces? No		12. Decedent's Status at Time of Death Never Married		
13. Father / Parent's Name (First, Middle, Last, Suffix) Walter W. Bailey		14. Mother / Parent's Name (First, Middle, Last, Suffix) Cathie Rose		
15. Informant's Name Diane Bailey		16. Relationship to Decedent Sister		
17. Death Occurred In a Residence Emergency Room/Outpatient		18. Place of Death Emergency Room/Outpatient		
19. Facility Name (If not institution, give street and number) Vitas Hospice at Mercy Fitzgerald Hospital		20. City or Town, State, and Zip Code Philadelphia, Pennsylvania 19123		
21. Method of Disposition Reburial from State		22. Date of Disposition April 04, 2020		
23. Location of Disposition (City or Town, State, and Zip) Philadelphia, Pennsylvania 19150		24. Name and Complete Address of Funeral Facility, Yborborough & Rocke Funeral Home 1001 N 33rd Street Philadelphia, Pennsylvania 19151		
25. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. High school graduate or GED completed		26. Decedent's Race - Check ONE OR MORE boxes to indicate what the decedent considered himself or herself to be. White		
27. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. White		28. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Meat Slicer		
29. Date Pronounced Dead (Mo/Day/Yr) March 18, 2020		30. Signature of Person Pronouncing Death (Only when applicable) Merna Malone RN		
31. Date Signed (Mo/Day/Yr) March 18, 2020		32. Was Medical Examiner or Coroner Contacted? No		
33. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Respiratory failure		34. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cardiac arrest		
35. If Female: Not pregnant within past year		36. Big Tobacco Use Contributed to Death? No		
37. Injury at Work No		38. Date of Injury (Mo/Day/Yr) March 18, 2020		
39. Injury by Transportation No		40. Describe How Injury Occurred Slip and fall		
41. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner, or funeral home director. Edward C. Cichowski		42. Signature of Certifier Edward C. Cichowski		
43. Name, Address and Zip Code of Person Completing Cause of Death (Item 41) 3001-C GARRETT ROAD Draxel Hill, Pennsylvania 19026		44. License Number 030072581		
45. Registrar's Signature Steven J. Karr		46. Date Signed (Mo/Day/Yr) March 20, 2020		
47. Registrar's Office Number 251-2338		48. Registrar's Date (Mo/Day/Yr) April 02, 2020		

State Use Only